

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|   |                     |                          |                                  |
|---|---------------------|--------------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>   |                     |                          | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><u>3109 BALZAR DRIVE</u> |                     |                          | Policy Number:                   |
| City<br><u>DICKINSON</u>  | State<br><u>TX.</u> | ZIP Code<br><u>77539</u> | Company NAIC Number              |

**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
Benchmark Utilized: C1245 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_


Datum used for building elevations must be the same as that used for the BFE.

- Check the measurement used.
- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 18.1  feet  meters
  - b) Top of the next higher floor NA  feet  meters
  - c) Bottom of the lowest horizontal structural member (V Zones only) NA  feet  meters
  - d) Attached garage (top of slab) 17.5  feet  meters
  - e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 18.0  feet  meters
  - f) Lowest adjacent (finished) grade next to building (LAG) 17.0  feet  meters
  - g) Highest adjacent (finished) grade next to building (HAG) 17.4  feet  meters
  - h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support NA  feet  meters

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

|  |                          |   |
|--|--------------------------|---|
| Certifier's Name<br><u>BILLY L. SHANKS</u> | License Number           |  |
| Title<br><u>R. P. L. S.</u>                |                          |   |
| Company Name<br><u>SHANKS SURVEYORS</u>    |                          |   |
| Address<br><u>4902 CAROLINE ST.</u>        |                          |   |
| City<br><u>SEABROOK TX.</u>                | State<br><u>TX.</u>      |   |
|  | ZIP Code<br><u>77584</u> |   |
| Signature<br><u>Billy L. Shanks</u>        | Date<br><u>12/22/20</u>  | Telephone<br><u>281-808-4789</u>  |
| Ext.                                       |                          |   |

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)  
C2E IS AIR CONDITIONER.  
ZONE A – NO BASE FLOOD DETERMINED, NEAREST BFE ELEVATION IS 18 FEET AT DICKINSON AVE. ~ 400' E EAST.  
SEE DICKINSON FLOOD PLAIN ADMINISTRATOR FOR BFE.

# ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A - PROPERTY INFORMATION  |                        |                                       |   |                               |   | FOR INSURANCE COMPANY USE |
|---|------------------------|---------------------------------------|---|-------------------------------|---|---------------------------|
| A1. Building Owner's Name<br><b>KILLO PROPERTIES</b>  |                        |                                       |   |                               | Policy Number:  |                           |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><b>3109 BALZAR DRIVE</b>   |                        |                                       |   |                               | Company NAIC Number:  |                           |
| City<br><b>DICKINSON</b>  |                        | State<br><b>TX.</b>                   |   | ZIP Code<br><b>77539</b>      |   |                           |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>LOTS 7 AND 8, BLOCK 4, COUNTRY PLACE</b>   |                        |                                       |   |                               |   |                           |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>   |                        |                                       |   |                               |   |                           |
| A5. Latitude/Longitude: Lat. <b>29° 28.540'</b> Long. <b>95° 02.916'</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983   |                        |                                       |   |                               |   |                           |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |                        |                                       |   |                               |   |                           |
| A7. Building Diagram Number <b>1B</b>   |                        |                                       |   |                               |   |                           |
| A8. For a building with a crawlspace or enclosure(s):   |                        |                                       |   |                               |   |                           |
| a) Square footage of crawlspace or enclosure(s) <b>NA</b> sq ft   |                        |                                       |   |                               |   |                           |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>NA</b>  |                        |                                       |   |                               |   |                           |
| c) Total net area of flood openings in A8.b <b>NA</b> sq in   |                        |                                       |   |                               |   |                           |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                        |                                       |   |                               |   |                           |
| A9. For a building with an attached garage:   |                        |                                       |   |                               |   |                           |
| a) Square footage of attached garage <b>350</b> sq ft   |                        |                                       |   |                               |   |                           |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>0</b>  |                        |                                       |   |                               |   |                           |
| c) Total net area of flood openings in A9.b <b>0</b> sq in  |                        |                                       |   |                               |   |                           |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                        |                                       |   |                               |   |                           |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                        |                                       |   |                               |   |                           |
| B1. NFIP Community Name & Community Number<br><b>CITY OF DICKINSON 481569</b>   |                        |                                       | B2. County Name<br><b>GALVESTON</b>                     |                               | B3. State<br><b>TX.</b>   |                           |
| B4. Map/Panel Number<br><b>48167C<br/>0235</b>  | B5. Suffix<br><b>G</b> | B6. FIRM Index Date<br><b>8/15/19</b> | B7. FIRM Panel Effective/Revised Date<br><b>8/15/19</b> | B8. Flood Zone(s)<br><b>A</b> | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br><b>18.0' ACCORDING TO JOSEPH T. MYERS, P.E. SEE ATTACHMENT</b> |                           |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                        |                                       |   |                               |   |                           |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: _____  |                        |                                       |   |                               |   |                           |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA         |                        |                                       |   |                               |   |                           |